

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET 10
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

525281

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			↓		↓		↓
TOTAL DEP.	7		←		←		←
TOTAL CLAIMS	X						